



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT REPORTING LOSS, DAMAGE, MISUSE, AND REPAIR OF MICROCOMPUTER EQUIPMENT	POLICY NO. 302.5	EFFECTIVE DATE 10/1/89	PAGE 1 of 2
APPROVED BY: Original signed by: ROBERTO QUIROZ Director	SUPERSEDE S 102.3 7/13/89	ORIGINAL ISSUE DATE 7/13/89	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To ensure that any loss, damage, misuse or problems with Department of Mental Health (DMH) microcomputer equipment, including software, is properly reported.

POLICY

- 2.1 It is the responsibility of all DMH employees to immediately report any loss, damage, misuse, or problems with the DMH microcomputer equipment.

PROCEDURE

- 3.1 In the event of theft or loss of an item, immediately contact the Audit Compliance Team and MIS Division Microcomputer Applications Unit (MAU). DO NOT CONTACT THE POLICE. The Audit Compliance Team will notify the Auditor-Controller pursuant to Section 5.02.030 of the Los Angeles County Code. The report must include all items stolen or determined to be missing.
- 3.2 If an item is found to be in need of repair or damaged, the condition is to be reported to the section's PC Coordinator.
- 3.3 The PC Coordinator should contact the MIS Division by telephone to request repair. MIS MAU staff will complete the Microcomputer Repair Requisition Form (Attachment I).
- 3.4 When contacting MIS MAU for repair, please have the following information available:
 - 3.4.1 Item Description
 - 3.4.2 Name of the Equipment Manufacturer
 - 3.4.3 Model Number or Version
 - 3.4.4 Serial Number
 - 3.4.5 L.A. County Tag Number
 - 3.4.6 DMH Tag Number
 - 3.4.7 Date Purchased
 - 3.4.8 Is the item still under warranty
 - 3.4.9 Problem Description (including error messages if indicated)
 - 3.4.10 Cost Code of the requesting unit/facility

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- 3.5 MIS MAU staff will determine if the problem can be corrected in-house or if a repair service should be contacted. If a repair service needs to be contacted, MIS will send the Microcomputer Repair Request to Administrative Services who will contact the repair service.

AUTHORITY

Los Angeles County Code, Section 5.02.030
County Fiscal Manual, Section 12.2.0
Auditor Controller ICCP Audit, 1988

ATTACHMENT

Attachment I Microcomputer Repair Requisition Form

REQUEST NO. _____ - _____

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MICROCOMPUTER REPAIR REQUISITION**

PART I: To be completed by MIS

A. IDENTIFYING INFORMATION

1. DATE RECEIVED ____/____/____ BY _____(Initials)
2. REQUESTOR/UNIT _____
3. ADDRESS _____
4. COST CODE _____
5. CONTACT PERSON _____ 6. TELEPHONE (____) _____-

B. ITEM DESCRIPTION

1. ITEM TO BE REPAIRED _____
2. MANUFACTURER / BRAND _____
3. MODEL NO. / VERSION _____
4. SERIAL NO. _____ 5. DATE PURCHASED ____/____/____
6. L.A. CO. TAG NO. _____ 7. DMH TAG NO. _____
8. IS EQUIPMENT STILL UNDER WARRANTY? YES ____ NO ____

C. PLEASE DESCRIBE THE PROBLEM (including error messages if indicated):

D. DISPOSITION

1. IS MIS ABLE TO REPAIR? YES ____ NO ____
2. REFER TO MANUFACTURER/TECHNICAL SUPPORT? YES ____ NO ____
3. REFER TO ADMIN. SERVICES FOR VENDOR REPAIR? YES ____ NO ____
- DATE SENT TO ADMINISTRATIVE SERVICES ____/____/____

MIS STAFF SIGNATURE

PART II: To be completed by Administrative Services

A. DATE REQUEST RECEIVED FROM MIS ____/____/____

B. RECEIVED ITEM TO BE REPAIRED? YES ____ NO ____ N/A ____

C. NAME OF REPAIR VENDOR CONTACTED _____

D. DATE COMPLETED ____/____/____

SIGNATURE/DATE